Supplemental Application Form Manufacturing or Processing Operations

Applicant Name:			
(As indicated on the Permit Application Transmittal Form)		DEP USE ONLY
Please complete a separate form for each distinct proces	s line Reproduce this form as necessary	App. No.: . EPE No.: .	
Process Line No.(Unit No.): Process D	escription:		
Is this unit subject to Title 40 CFR Part 60, NSPS?	☐ Yes or ☐ No		
If yes, indicate the subpart(s):			
Is this unit subject to Title 40 CFR Part 63, MACT?	☐ Yes or ☐ No		
If yes, indicate the subpart(s):			

Subunit No.	Make & Model	Unit Function	C or B	Hrs/Batch Batches/Day	Percent of Production Per Annual Quarter (6)		Maximum Operating Schedule	Construction Date		
(1)	(2)	(3)	(4)	(5)	1st	2nd	3rd	4th	(7)	(8)

Subunit No. (1)	Raw Materials Used (9a)	Maximum Quantity Input of Each Raw Material (9b)	List of Products (10)	Quantity Outp Maximum Hourly (11a)	out (Specify Units) Maximum Annual (11b)

Complete this page **only** if the fuel burning source is **not** currently permitted and the fuel burning source does **not** meet the requirements indicated in the Fuel Burning Equipment form (DEP-AIR-APP-202), i.e., the primary purpose of the fuel burning source is **not** for heat or power generation.

			Fuel Composition			Fuel Usage Rates	
Subunit No. (1)	Fuel Type for Process Heat (12)	Rated Burner Capacity (13)	% Sulfur (14a)	% Nitrogen (14b)	% Ash (14c)	Maximum Hourly (15a)	Maximum Annual (15b)